MAXIMUS Federal Services

Case Number:	CM14-0113020		
Date Assigned:	08/01/2014	Date of Injury:	08/30/2010
Decision Date:	10/01/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/21/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Georgia. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 56 year old female who sustained an injury 08/30/2010. The mechanism of injury is unknown. Prior medication history included Protonix, Naproxen, and Norco.Progress report dated 03/12/2014 stated the patient presented with low back pain with associated numbness and tingling down both legs and feet. She described the pain as shooting and sharp. Objective findings on exam revealed the patient had difficulty arising from sitting position. She had muscle spasm of the lumbar spine with tenderness and pain. Straight leg raise was positive bilaterally. She had limited flexion and extension. She had a slow and guarded gait. She was diagnosed with lumbar spine radiculitis, rule out lumbar spine disc injury and gastritis. The patient's medications were refilled but were not listed.Prior utilization review dated 06/20/2014 stated the request for Compound medication - Gabapentin, Baclofen, Cyclobenzaprine, Flurbiprofen, Lidocaine, PCCA, Lipoderm was denied based on evidence submitted. PR dated 06/23/2014 noted burning pain in low back as well as numbness in both legs when walking, standing or sitting for more than 3-4 minutes. Difficulty rising from seated position was documented. Positive straight leg raise was noted bilaterally, left greater than right. Antalgic gait to left with cane. Documented diagnoses included lumbar spine radiculitis; rule out lumbar spine disc injury; gastritis. PR dated 07/01/2014 nearly identical to note from 0623/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Compound medication - Gabapentin, Baclofen, Cyclobenz, Flurbiprofen, Lidocaine, PCCA, Lipoderm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation ODG Guidelines, Topical Analgesics

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s):) 111-113.

Decision rationale: The Medical Utilization Treatment Schedule (MTUS) Chronic Pain Treatment Guidelines notes that topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." While many other agents are compounded in combination for pain control including "NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor." There is "little to no research to support the use many of these agents." The MTUS guidelines also recommend that "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID). Specifically regarding topical (NSAIDs), MTUS states that they are recommended for short term use in osteoarthritis of the knee, having been shown to be superior to placebo for 4-12 weeks. It is not recommended for neuropathic pain. MTUS guidelines note, regarding muscle relaxants other than baclofen (such as cyclobenzaprine), that there is no evidence for use of any other muscle relaxant as a topical product. Regarding baclofen as a topical, it is not recommended due to a lack of adequate peer-reviewed data to support use of this medication. Regarding gabapentin as a topical, it is not recommended due to a lack of adequate peer-reviewed data to support use of this medication. Lidocaine patches are the only commercially approved formulation of lidocaine for treatment of neuropathic pain. Non-dermal patch formulations are "generally indicated as local anesthetics and anti-pruritics." Furthermore, lidocaine is not recommended for non-neuropathic pain. No specific guidelines are noted regarding PCCA Lipoderm as a drug delivery base for topical medications. Based on the MTUS guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.